

GM MOBILITY REIMBURSEMENT APPLICATION — PAGE 1 of 2



Please review the step-by-step instructions and list of eligible adaptive equipment. Missing documents can delay claims processing. Incomplete applications will be returned. If you have questions or need help, please contact the GM Mobility Assistance Center at 1-800-323-9935 (TTY 1-800-833-9935).

Eligible adaptive equipment must be permanently installed in the vehicle, installed by a licensed equipment installer, and installed for a driver or passenger with a permanent disability. Safety belt extenders are eligible for reimbursement but do not qualify for OnStar offer.

This application is valid for eligible, **new** and **unused** 2010, 2011, and 2012 model year Chevrolet, Buick and GMC vehicles delivered between **10/1/10** and **9/30/11**. Vehicles must be adapted and a claim must be submitted within **6 months** of the date of purchase/lease.

1. OBTAIN ADAPTIVE EQUIPMENT PURCHASE RECEIPT

After your vehicle adaptations are completed, obtain an itemized paid invoice from the licensed equipment installer(s). The invoice must include the following:

- Preprinted installer company name, address, and phone number
- Your name, address, and phone number
- Vehicle Identification Number (VIN)
- Description of the adaptive equipment installed on vehicle
- Date of adaptation (sale)
- Itemized cost of parts AND labor (listed separately)
- Proof of payment for the adaptation (copy of credit card receipt, canceled check, or paid invoice with \$0 balance)

2. VEHICLE PURCHASER INFORMATION — PLEASE USE BLUE INK AND COMPLETE ALL INFORMATION

PURCHASER INFORMATION

Mr. Ms. SMITH JOHN D
LAST FIRST M.I.
Mailing Address 12345 ANY STREET
City ANYTOWN
State/ZIP MICHIGAN / 44444
Home Phone (555) 123-4567
Work Phone (555) 123-6789
Email Address XXX@XXX.COM

Vehicle sold/traded in:
Vehicle Make CHEVY Model MALIBU Year 06

First-time GM Mobility Reimbursement Program user?

Yes No

Primary personal mobility aid used: Wheelchair
 Scooter Cane/Walker/Crutches Other None

For information on GM's privacy statement, please visit gm.com/privacy or call 1-866-MY-PRIVACY (1-866-697-7482).

VEHICLE/EQUIPMENT INFORMATION

Vehicle ID No. (VIN) IGENC54321D22222
Delivery Date 10 / 3 / 10
Vehicle Make CHEVY Model TRAVERSE Year 10

Check appropriate box:

Retail Sale Retail Lease Commercial Sale

DESCRIPTION OF ADAPTIVE EQUIPMENT INSTALLED

WHEELCHAIR HOIST
Date of Adaptation 10 / 11 / 10
Total Cost of Adaptation \$ 1,075.00
Reimbursement Amount Requested \$ 1,000.00
(\$1,000 maximum*)

NOTE: A letter from your physician describing the limitations of your disability is required for assist step/running board, assist handle, electric parking brake, inverter, pedal extenders, and remote liftgate opener.

*\$1,200 maximum for Chevy Express and GMC Savana vans (and cutaways).

3. REVIEW AND SIGN APPLICATION (VEHICLE OWNER[S] OF RECORD)

I/We certify that the information entered on this application is correct and that the adaptive equipment described on the attached invoice(s) has been permanently installed on the eligible GM vehicle identified on this application.

John D. Smith 10/13/10
Purchaser/Lessee Signature Date
John D. Smith
Print Name

Co-Purchaser/Co-Lessee Signature Date

Print Name

GO TO STEP 4 ON REVERSE.

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4. VALIDATE APPLICATION AT GM DEALER

Take your adapted vehicle and application to your GM dealer for an inspection. Have your GM dealer representative sign the application **after inspecting your adapted vehicle**.

If you are physically unable to return to the GM dealer you bought from (e.g., you are now residing in another state or have moved a considerable distance from your original dealer), any franchised GM dealer representing the brand bought may sign your application.

DEALER INFORMATION

Dealer Name: HOMETOWN CHEVY

Dealer BAC Code: 00040

Phone: 555-123-4567

Fax: 555-123-6789

DEALER VALIDATION (REQUIRED)

I have examined the eligible vehicle identified on this application, and it is equipped with the adaptive mobility equipment described on the attached invoice(s).

Susan Jones
GM Dealer Representative Signature

Susan Jones
Print Name

17 October 2010
Equipment Inspection Date

Send reimbursement payment to (check one): The GM dealer above The vehicle purchaser

If the dealer is requesting payment, one of the following documents must accompany the application:

- Customer Incentive Acknowledgment and/or Assignment Form
- Copy of dealer check(s) issued to equipment installer(s)
- Copy of sales contract reflecting mobility incentive deduction

5. VERIFY YOUR APPLICATION IS COMPLETE

Gather your reimbursement application and all necessary attachments. Incomplete applications can delay claims processing. Make sure you have the following:

- ORIGINAL** itemized invoice(s), including proof of payment
- Letter of authorization from your lessor if this is a leased vehicle
- If dealer is requesting payment, remember to provide ONE of the following:
 - Customer Incentive Acknowledgment and/or Assignment Form or copy of dealer check(s) issued to adaptive equipment installer(s) or copy of sales contract reflecting mobility incentive deduction
- For reimbursement of assist handle, assist step/running board (\$200 maximum), electric parking brake, pedal extenders, inverter, and remote liftgate opener (\$500 maximum), provide signed letter from physician describing disability/limitation with physician's name, license number, address, and phone number
- ORIGINAL** completed and signed reimbursement application

6. MAIL APPLICATION

Mail your application and all required attachments to:

GM MOBILITY PROGRAM HEADQUARTERS
P.O. BOX 5053
TROY, MI 48007

PLEASE KEEP A COPY OF THE APPLICATION AND ALL SUPPORTING DOCUMENTS FOR YOUR FILES.

This claim and any payment made under this claim are subject to the Official Program Rules and Guidelines that are in effect from 10/1/10 to 9/30/11 and have been made available to all authorized GM dealers. General Motors reserves the right to modify or terminate this program without notice.

SERVICE REQUEST NUMBER FOR INTERNAL USE ONLY _____